

Appendix

A

Exhibit-A

Sick Call Request

RECEIVED
JAN 03 2022

BY: MHLN

Part A: (To be completed by inmate/resident patient)Name (Print): Orin KristichDate: 12-24-2021Number: 99811051Date of Birth: 5-23-1980Work Assignment: N/AWork Hours: N/A Housing Assignment: A.N. 244

Reason for requesting Health Services Appointment (BE SPECIFIC): Because of my injury, dislocated shoulder/arm on 12-25-21. I am in extreme pain and the muscle spasms and nerve pain has not stopped. Maybe you should not have taken 30 hours to get me treatment for my medical emergency.

How long have you had this problem? 4 daysInmate/Resident Patient Signature: Orin Kristich

↓ DO NOT WRITE BELOW THIS LINE ↓

Part B: (To be completed by Health Services Staff)Health Services Reply: Seen by provider 1/3/22Health Services Signature: MHLNDate: 1/3/22White Copy: To Medical RecordsYellow Copy: To Inmate/Resident Patient

7/17/15